Statement of CRecipient Con	_					Date Stamp	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FORNIA 410
Statement Type	☐ Initial Not yet qualified ☐ or	e Date qualifie	ber:	List I.D. numb	etion – See Part 5 her:		2014 MAR 3 OFFE THE CH	PORT BEACH
1. Committee In	nformation				2. Treasurer and Other	Principal Officer	College College	
Nancy Gardner for City Council 2010					Raymond J. Zartlei	r		
STREET ADDRESS (NO P.O. BOX)					STREET ADDRESS (NO P.O. BOX)			
323 Jasmine					1970 Port Provenc	е		
CITY	STATE	ZIP CODE	AREA CODE/	PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Corona del Ma	ır CA 9	92625	(949)673	3-0706	Newport Beach	CA	92660	(949)759-9341
MAILING ADDRESS (IF DI	FFERENT)				NAME OF ASSISTANT TREASURER, IF AN	14		
FAX / E-MAIL ADDRESS	Newport Beach, CA	92658			STREET ADDRESS (NO P.O. BOX)			
GARDNERNC					CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE					CITY	SIAIC	ZIF CODE	AREA CODE/THORE
Orange					NAME OF PRINCIPAL OFFICER(S)			
					Nancy Gardner			
					STREET ADDRESS (NO P.O. BOX)			
Attach additional information on appropriately labeled continuation sheets.				323 Jasmine				
					CITY	STATE	ZIP CODE	AREA CODE/PHONE
					Corona del Mar	CA	92625	(949)673-0706
I have used all r penalty of perju	easonable diligence in prepry under the laws of the St 3 · 31 - 20 1 4 By	paring this sta tate of Califor	nia that the fore	going is true	r knowledge the information and correct. Have Laymon of Treasurer or assistant (Aeasurer Friceholder, Candidate, or State Measurer)	nd Za	rue and comp	lete. I certify under